tions, that in the action of albumen on metallic salts, *this principle unites directly with these compounds without producing any decomposition.* It forms compounds with them, which are insoluble in water, when these bodies are in certain proportions, but susceptible of solution when the albumen or the metallic salt is in excess. And these compounds he denominates *albuminates.* (*American Journal of Pharmacy*, vol. xii, p. 170, from the *Journal de Chimie Médicale.*)

We have reason to fear, from these results, that the value of albumen as a *chemical* antidote, will be somewhat impaired. Still its use should not by any means be omitted, but it should be administered as early as possible and in large quantities. T. R. B.

70. *On the Conversion of Calomel into Corrosive Sublimate.* By M. Miahle.—A physician had prescribed to a child a few powders, containing in each five grains of the muriate of ammonia, five grains of sugar, and half a grain of calomel. After taking a few of these the child died, with all the symptoms of poisoning by corrosive sublimate; and the apothecary was charged with the death of the child, on the supposition that he had substituted corrosive sublimate for the calomel. Experiments were instituted to ascertain whether the calomel could have been decomposed by the ammoniacal salt; and it was satisfactorily proved by M. Peten-Koffer, that a porton at least was converted into corrosive sublimate. A celebrated French professor of chemistry, however, denied that such an action took place; and M. Miahle repeated with great care the experiments, and arrived at the following important conclusions.

1. The proto-chloride of mercury (calomel,) when mixed with muriate of ammonia, or the chlorides of sodium or potassium, and distilled water, is partly converted into the deuto-chloride of mercury (corrosive sublimate,) and partly into metallic mercury. This decomposition takes place at the temperature of the human body, and even at ordinary temperatures, in the course of a few instants. In order to be convinced of the truth of this, it is only necessary to have in the mouth for a few minutes a small quantity of calomel; a pretty intense mercurial taste is soon developed, due to the mutual reaction of the mercurial chloride, and the alkaline chlorides contained in the saliva.

2. It is to the conversion of calomel into corrosive sublimate and metallic mercury, when acted upon by the hydrochloric acid or hydrochlorates, or ammoniacal salts which exist in the digestive tube, that we must attribute the pathological phenomena of mercurial salivation, when calomel has been administered internally. What proves that such is really the case, is the fact, that when calomel does not purge, but is tolerated by the digestive organs, it excites an abnormal secretion of saliva and this on account of the larger quantity of sublimate which is formed.

3. As the quantity of sublimate formed within the body depends on the quantity of alkaline chlorides met with in the intestinal canal, those who habitually use large quantities of salt, all other things being equal, ought to be more easily salivated than others.

4. The antisyphilitic properties of calomel are probably due entirely to the corrosive sublimate and metallic mercury into which it is converted. Without doubt its anthelmintic virtues are owing to the same cause; the two substances into which it is converted acting as a poison on the intestinal worms.

5. What has been said of calomel is equally applicable to the proto-ioduret of mercury; it being, in the same circumstances, converted into the deuto-ioduret.—*Edinburg Med. and Surg. Journ.* July, 1840, from *Journal de Pharmacie*, February, 1840. T. R. B.

71. *Case of Poisoning by Colchicum Seeds.* By Dr. Neubrandt.—A man, 52 years of age, took by mistake, on the evening of the 18th February, a decoction of the seeds of colchicum, made with a table spoonful of the seeds to a pound and a-half of water. During the night he vomited, and passed more than fifteen stools. He was seen hy Dr. Neubrandt next morning, but was not then complaining much. The vomiting and purging were less frequent, and though he

felt weak, he had no pain, and could sit up. The abdomen, though not distended, contracted spasmodically when touched; the pulse was small and rather quick; the stools had a very fetid colour, and contained a quantity of whitish looking membranes. He was first ordered tepid water and melted butter, but this excited the vomiting and purging of new. Strong infusion of coffee, and also infusion of marsh mallows with lemon juice were next prescribed.

Next morning, the 20th, he presented the following symptoms; his face was pale, the eyes sunk in the orbits, and the pupils very much dilated, the respiration was hurried, and he groaned much. The tongue was covered with a whitish fur, and was with great difficulty protruded. The region of the stomach was painful. His breath, face, and extremities, were cold; the pulse very quick, and scarcely to be felt. The purging was more constant, and the stools contained matters of a clear blue colour in considerable quantity. Although he gave distinct answers to questions which were put to him, his intellectual faculties seemed to be confused. He died at ten o'clock. The only symptoms of any portion of the poison having been absorbed were the continuance of the vomiting and purging.

The body was examined twenty-three hours after death. The pupils of the eyes were very much dilated, the eyes were much sunk, and the mouth spasmodically closed. There was remarkable rigidity of all the members and muscles. The abdomen, scarcely more swollen than during life, was of extraordinary rigidity, and was covered with peculiar looking spots, which were especially numerous in the region of the stomach, and on the sides of the abdomen; these spots were of a violet and greenish blue colour, presented the appearance of rays, and were not circumscribed. The muscles were of a deep blue colour, as if they had been dried in the air. The trachea was inflamed at its bifurcation. The lungs were collapsed, pale, and soft to the touch, but not diseased. The heart was turgid with coagulated blood, and covered with spots of black, violet, and brown colour. The œsophagus was of a natural appearance till towards the cardia. The stomach was of a light violet colour, its cardiac orifice being of a deep violet. The veins of both stomach and intestines were much distended by very dark blood. The liver had a violet hue over its concave surface; and the gall bladder was much distended with green bile. A few red and brown mottlings were observed on the surface of the intestines, but otherwise they presented nothing unnatural. The other organs of the body appeared to be healthy. —*Ibid.*, from *Medicinisches Correspondenz-blatt*, 1840. T. R. B.

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72. *Rupture of the Spleen.*—Dr. Sotis relates, in *Il Filiatre Sebezio*, for February, 1840, four cases of this accident. The first case occurred in a woman who received a kick in the left hypochondrium and immediately expired. The spleen was found, on examination, separated into two parts as if cut with a sharp instrument, and there was a large effusion of blood in the abdominal cavity.

The second case resulted from a blow with a stone on the left hypochondrium, which was followed by almost instantaneous death. All the organs were found healthy except the spleen, which was largely ruptured, and the abdominal cavity contained a quantity of blood.

The third case occurred in a boy 18 years of age, who fell from a height of about 20 feet. He remained senseless, and died in a few hours. On autopsy, the spleen was found divided transversely into two parts; a great quantity of blood was effused in the abdomen. All the other organs were healthy.

The fourth case was that of a boy 15 years of age, who received in a quarrel a blow from a large stone, thrown from a distance, on his left hypochondrium. He instantly fell senseless and never revived. The spleen was found split through the longitudinal fossa, and each of these portions had two deep transverse fissures, so that the spleen had the appearance of having been cut into six portions at its concave surface. There was also much sanguineous effusion into the abdominal cavity.

In all the cases, death, hæmorrhage, and the size of the divided vessels, suf-